

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NAI1258839**

Date In: 7/5/19 13:32	Job description	Date & Time Completed	Done by
Ref No: NA/INC 190080824	SAS e-filing		
Veh No: JL62 65 64	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 7/5/19 - 08:45	i-Motor Claim Form	M-1/1043321-021	7/5/19 14:26
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No: **SKR408A**

INC () / Non-INC ()

Owner / Driver: (

Tel: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date: (

Time: (

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NAI1258839	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QJ*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	07/05/2019 13:32
Date Of Accident	07/05/2019 08:15
Exact Location Of Accident	JUNC CHANGI RD & JLN EUNOS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG7656H
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097296239-01
Cover Note Number	
Driver	
Name of Driver	GAN WEILI
NRIC No	S8215736J
Date Of Birth	26/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98893876
Fax Number	
Contact Number	OFFICE-98893876
EMail Address	NOEMAIL

Address	BLK 703 HOUGANG AVENUE 2 #09-203
Postcode	530703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190507/2059.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR4078A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED TAHIR BIN AHMAD IBRAHIM
NRIC/Passport Number	S1044619H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

83764959

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

GAN WEILI

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLG7656H

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Cheng

A: 56676564
B: 5KR4078A
C: UNKNOWN

C
A
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190507/2059.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190507/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 4

Report No. T/20190507/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 12:07	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: GAN WEILI			Address: APT BLK 703 HOUGANG AVENUE 2 #09-203 SINGAPORE 530703		
ID Type / ID No.: NRIC NO / S8215736J			Contact No.: Home/Office: Mobile: 98893876		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 26/05/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2019 08:15	Type of Location: JUNCTION
Location: Along Road 1 CHANGI ROAD CHANGI ROAD TURNING TO JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR4078A	Car				Slightly Damaged	0
SLG7656H	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190507/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190507/2059

CONTINUATION OF REPORT

Driver			
Name	MOHAMED TAHIR BIN AHMAD IBRAHIM		ID No. S1044619H
Related Vehicle	SKR4078A (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GAN WEILI		ID No. S8215736J
Related Vehicle	SLG7656H (Car)		Contact No. 98893876
Hospital/Clinic	PANHEALTH FAMILY CLINIC (HOUGANG)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2019	Date Discharge	07/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/05/2019 at about 0817hrs, I was driving along Changi Road, and going to make a right turn to Jalan Eunos. At the traffic junction, the traffic light was red and I stopped my vehicle.

While stationary, I felt an impact on the rear of my vehicle which made my vehicle move forward and hit onto the vehicle in front of me. After which, I got down and make a check and observed one vehicle, SKR4078A, had hit me on the rear and I have hit onto the rear of another vehicle. I wish to state that I do not have the vehicle number as the driver left after I took his number. His handphone number is 83764959.

When the driver of the vehicle that hit onto me, he got down and explain that he had lost control of his vehicle and was very apologetic.

Due to the accident, the rear of my vehicle was dented and damage. The front of my vehicle was just slightly damage. As for the vehicle, SKR4078A, the damage was minimal.

At that point of time, there was no one injured. There was no police or ambulance at scene.

After the incident, I felt discomfort and strain on my neck area and went to consult a doctor and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20190507/2059

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20190507/2059

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190507/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190507/2059

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
F /
Sgt 3 PHUA JIA JUN, MARK

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/05/2019 12:07

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8215736J**

Name: **GAN WEILI**

Birth Date: **26 May 1982**

Issue Date: **11 Jul 2006**

001431063C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8215736J**

Name: **GAN WEILI**

甘 伟 利

Race: **CHINESE**

Date of birth: **26-05-1982**

Country/Place of birth: **SINGAPORE**

Sex: **M**



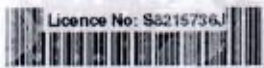


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg

PASS DATE: **11 Jul 2006**

Licence No: **S8215736J**



NP 428/A

5853933



NRIC No: **S8215736J**



Date of issue: **29-12-2017**

APT BLK 703 HOUGANG AVENUE 2 #09-203
SINGAPORE 530703

NRIC No: **S8215736J** Date: **20/12/2018**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/05/2019 08:15"/>
Vehicle No. (For Motor)	<input type="text" value="SLG7656H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097296239-01		VOULEZ CARS	53350846X	GFT	drive CLASSIC	SLG7656H	SLG7656H	25/09/2018	

Policy Information

Policy No.	5097296239-01	Policyholder Name	VOULEZ CARS	Policyholder NRIC	53350846X
Certificate No.					
Address	BLK 102 #09-908 SIMEI STREET 1 SINGAPORE 520102				
Product Name	FLEET INSURANCE	Plan	Group Policy Flag N		
Policy issue Date	30/08/2018	Effective Date	25/09/2018 00:00	Expiry Date	24/09/2019 23:59
Excess Type	All Claims Excess				
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	7764.37		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00	Young/Inexperience Driver Excess	
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE 520102
Address 4		Address Type	Singapore address	Post Code	520102
Unit No.	09-908	Related Policy Number	5097296239-01		

Insured Object: SLG7656H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	25/09/2018 00:00	Basic Information Endorsement	000001286901958	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ7952Z 25-09-2018 \$1,156.18 In view of this amendment, an additional premium of \$1,156.18 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p> <p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLF1867K 18-10-2018 \$1,083.32 2. SLG1729X 18-10-2018 \$1,083.32 In view of this amendment, an additional premium of \$2,166.64 (inclusive of GST) is payable under your policy. Please</p>
		Basic Information		Endorsement Take	

Claim Handling

Task Transfer Exit

LOG SAL SUB

Accident MT/1043321

Policy No.	5097296239-01	Vehicle No.	SLG7656H	GST Registration No.	
Certificate No.					
Policyholder Name	VOULEZ CARS			Policyholder NRIC	S3350846X
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91449265	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	101
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	07/05/2019 14:24	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	07/05/2019	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNG CHANGI RD & JUN BUNOS				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 102 #09-908	Address 2	SIMEI STREET 1	Address 3	SINGAPORE S20102
Address 4		Address Type	Singapore address	Post Code	S20102
Unit No.	09-908	Related Policy Number	5097296239-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	26/05/1982
Unnamed driver Name	GAN WEILI	Driver NRIC	S82157361	Driving Experience	12
Register Date of Driver License	11/07/2006	Driver Age	36	Contact No.(Home)	0
Contact No.(Mobile)	98893876	Contact No.(Office)	0	Address 3	SINGAPORE S30703
Address 1	BLK 703	Address 2	HOUANG AVENUE 2	Post Code	S30703
Address 4		Address Type	Singapore address		
Unit No.	09-203				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Modification History

Investigation

Claim 001 OD-MX

Claim Case Officer

LOG SAL SUB

Claim Type	OD-MX	Insured Name	VOULEZ CARS	Insured NRIC	S3350846X
Contact No.(Mobile)	91449265	Contact No.(Home)	N/L	Contact No.(Office)	+
Email Address		OI Vehicle Number	SLG7656H	TP Vehicle Number	SKR4078A
Claimant Type		Type of Benefit			
Claimant Name		Claimant NRIC			
Claimant Address					
Claim Description	SLG7656H / SKR4078A ON 7 May 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	07/05/2019 14:26	Claim Close Date		Date Received	07/05/2019 16:30
Report Taken By	Jackson	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval




















Approval	Reason
Remarks	

Settlement Attachment Notes

Accident No.	MT/1043321	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	07/05/2019 16:30
Path *		Category *	Confidential
		Urgency *	Description *

<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	<input type="text" value="Please Select"/>	<input type="text" value="NO"/>	<input type="text" value="Normal"/>	<input type="text"/>

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:30	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:30	SAS	Normal	SAS 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:29	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:29	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:29	Photos	Normal	Photos 2019-5-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:28	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 16:28	Photos	Normal	Photos 2019-5-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 14:26	Photos	Normal	Photos 2019-5-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 14:26	Photos	Normal	Photos 2019-5-7		Edit
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 14:26	Photos	Normal	Photos 2019-5-7		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 07 May 2019 14:26	Photos	Normal	Photos 2019-5-7		Edit

Video List

Uploaded By/Date	Folder/Date	File Name	Source	Action
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>	

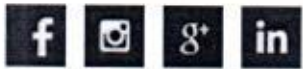
LKK Paya Ubi

From: Daniel Koh <daniel.koh@income.com.sg>
Sent: Wednesday, 8 May 2019 8:08 AM
To: LKK Paya Ubi
Subject: RE: Vehicle number SLG 7656H Claim number MT/1043321-001

Hi Jackson,

I went to the case file and all documents were uploaded and able to view them

Daniel Koh
Senior Admin Assistant
Motor Insurance
T +65 6430 7901
www.income.com.sg



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From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Tuesday, 7 May 2019 4:46 PM
To: Daniel Koh <daniel.koh@income.com.sg>
Subject: Vehicle number SLG 7656H Claim number MT/1043321-001
Importance: High

Dear Daniel,

As spoken, I have uploaded necessary documents in E-bao, however there wasn't any submit button at the E-bao for the claim number as mentioned above.

Please find attachment above.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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